

### **Authorisation for Collection of Medical Report(s)**

I, (applicant's name) \_\_\_\_\_ (applicant's NRIC)  
\_\_\_\_\_ hereby appoint (representative's name) \_\_\_\_\_  
(representative's NRIC) \_\_\_\_\_ as my representative, and authorise him/ her to collect  
the medical report(s) \_\_\_\_\_ (MR Reference No) from KK Women's and  
Children's Hospital once ready.

I am aware that he/ she is required to produce the following documents, for retention, upon collection :

- This signed letter of authorization
- A copy of his/ her NRIC (front and reverse)
- A copy of my NRIC (front and reverse)

\_\_\_\_\_  
Applicant's Signature and Date

**Note:**

This letter may be used if a representative is collecting the medical report(s) on behalf of the applicant who endorsed on the "Consent for Release of Medical Information" form.

KKH shall not be liable for any loss, damage and/ or breach of confidential information for the medical report(s) requested once it has released/ handed over to the appointed representative.

Medical Report Released By : \_\_\_\_\_  
(KKH HIMS Staff) Name / Signature / Date

Medical Report Received By : \_\_\_\_\_  
Name / Signature / Date